



# Arizona Regional All-Hazards Communications Unit Recognition Agency Certification



Name \_\_\_\_\_  
First Name Middle Initial/Name Last Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Position for which you are applying for recognition \_\_\_\_\_

Rank and/or Working Title \_\_\_\_\_

*[Note: Requirements for qualification are described in the Arizona Regional All-Hazards Communications Unit Recognition Procedure, available online at <http://www.azpsic.gov/library/com1/>.]*

## Revision of Agency Certification

**I certify that the individual named above has met all requirements for qualification in the All-Hazards Communications Unit position specified and that such qualification has been issued.**

Certifying Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Removal of Agency Certification

**Please remove our Agency's certification from the record of the individual named above.**

Authorizing Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Submission of Materials

#### Mail or In Person

PSIC Office, Arizona Strategic Enterprise Technology Office  
100 N 15<sup>th</sup> Avenue, Suite 400  
Phoenix, AZ 85007

#### Electronic

[psic@azpsic.gov](mailto:psic@azpsic.gov)

**For Questions, call (602) 364-4498**

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*For PSIC Office Use:*

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Received By Title Date